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| PARTICIPANT TYPE..... | ALL |
| HIGH RISK..... | YES |

RISK DESCRIPTION:

Diseases or conditions with nutritional implications that are not included in any of the other risk criteria for medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes but is not limited to:

- Juvenile rheumatoid arthritis (JRA)
- Lupus erythematosus
- Cardiorespiratory diseases
- Heart disease
- Cystic fibrosis
- Persistent asthma (moderate or severe) requiring daily medication

Presence of medical condition(s) diagnosed by a physician or self reported by applicant, participant or caregiver; or as reported or documented by a physician or someone working under physician's orders.

ASK ABOUT:

- Attitude and knowledge about condition and treatment plans including diet and medications
- Barriers to following prescribed diet and/or treatment plan (e.g., health beliefs, religious or cultural practices, finances, access to follow-up health services)
- Food-medication interactions
- Weight history
- Weight goal
- Dietary supplements including vitamins, minerals, herbal products and targeted nutrition therapy products
- Other chronic medical conditions

NUTRITION COUNSELING/EDUCATION TOPICS:

- All Participants:
 - Determine and discuss an eating pattern appropriate for the participant's weight goal (i.e., maintain, gain or lose weight).
 - Monitor growth pattern or pregnancy weight gain.
 - Provide counseling messages that support any medical nutrition therapy initiated by a clinical dietitian.

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- Juvenile Rheumatoid Arthritis (JRA):
 - JRA is the most common pediatric rheumatic disease and most common cause of chronic arthritis among children.
 - JRA puts individuals at risk of anorexia, weight loss, failure to grow, and protein energy malnutrition.
- Lupus Erythematosus:
 - This is an autoimmune disorder that affects multiple organ systems.
 - Lupus erythematosus increases the risk of infections, malaise, anorexia, and weight loss.
 - In pregnant women, there is an increased risk of spontaneous abortion and late pregnancy losses (after 28 weeks gestation).
- Cardiorespiratory Diseases:
 - These diseases affect normal physiological processes and can be accompanied by failure to thrive and malnutrition due to low calorie intake and hypermetabolism.
- Cystic Fibrosis (CF):
 - CF is a genetic disorder of children, adolescents and young adults characterized by widespread dysfunction of the exocrine glands.
 - Many aspects of the disease stress the nutritional status of the individual directly or indirectly by affecting appetite and food intake.
 - Gastrointestinal losses occur in spite of pancreatic enzyme replacement therapy.
 - Catch-up growth requires additional calories.
 - All of these factors contribute to a chronic energy deficit which can lead to a marasmic type of malnutrition. CF is associated with a less than normal growth pattern.
- Asthma:
 - Asthma is a chronic inflammatory disorder of the airways which can cause recurrent episodes of wheezing, breathlessness, chest tightness, and coughing of variable severity.
 - Persistent asthma requires daily use of medication, preferably inhaled anti-inflammatory agents. Severe forms of asthma may require long-term use of oral corticosteroids which can result in growth suppression in children, poor bone mineralization, high weight gain, and, in pregnancy, decreased birthweight of the infant.
 - Untreated asthma is also associated with poor growth and bone mineralization, and, in pregnant women, adverse birth outcomes such as low birth weight, prematurity and cerebral palsy.
 - Repeated asthma exacerbations (“attacks”) can, in the short-term, interfere with eating, and in the long-term, cause irreversible lung damage that contributes to chronic pulmonary disease.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Asthma (con't):
 - Elimination of environmental factors that can trigger asthma exacerbations (such as cockroach allergen or environmental tobacco smoke) is a major component of treatment.
 - Identify WIC foods rich in calcium and vitamin D and tailor the food package to ensure that the full milk equivalents are provided.
 - This part of the risk criterion (i.e., asthma) is not usually applicable to infants. In infants, asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing is covered under Infectious Diseases (352).

POSSIBLE REFERRALS:

- Refer all infants and children with cystic fibrosis and/or developmental delays to the Right Track Program for early intervention services
(<http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html>)
- Refer infants and children to Children's Special Health Services program (<http://www.ndhealth.gov/cshs/>) to see if their specific condition is covered.
- If the participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise discussing these with the primary care provider.
- If the participant requires in-depth nutritional intervention beyond the scope of WIC services, refer to primary care provider, treatment center or clinical dietitian with expertise in this area of practice.
- If the participant does not have an ongoing source of health care, to primary care providers in the community or local public health.